

Please type a plus sign (+) inside this box →

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number		2727-148 930008-2037
First Named Inventor		Gunther Hartmann
COMPLETE IF KNOWN		
Application Number		09/890,896
Filing Date		
Group Art Unit		
Examiner Name		

As a below named inventor, I hereby declare

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

"Method for Verifying the Calculated Radiation Dose of an Ion Beam Therapy System"the specification of which *(Title of the Invention)* is attached hereto

OR

 was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	YES	Certified Copy Attached?
DE 199 07 774.6	Germany	02/19/1999	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

[Page 1 of 3]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:

DECLARATION—Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U. S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

<input type="checkbox"/> Customer Number	→	Place Customer Number Bar Code Label here
OR		
<input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below		

Name	Registration Number	Name	Registration Number
Ronald R. Santucci	28,988		

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: Customer Number or Bar Code Label Correspondence address below

Name	Ronald R. Santucci				
Address	Pitney, Hardin, Kipp & Szuch, LLP				
Address	711 Third Avenue, 20th Floor				
City	New York	State	NY	ZIP	10017
Country	U.S.A.	Telephone	212-687-6000		Fax 212-682-3485

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
---------------------------------	---

Given Name (first and middle if any)	Family Name or Surname
Gunther <i>J. Hart</i>	Hartmann

Inventor's Signature	<i>J. Hart</i>				Date	22.10.07
----------------------	----------------	--	--	--	------	----------

Residence: City	Darmstadt	DEX	State	Country	Germany	Citizenship	German
-----------------	-----------	-----	-------	---------	---------	-------------	--------

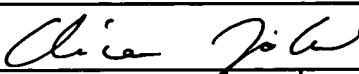
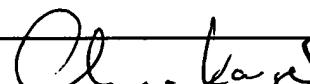
Post Office Address	Planckstr. 1,						
---------------------	---------------	--	--	--	--	--	--

Post Office Address	D-64291 Darmstadt, Germany						
---------------------	----------------------------	--	--	--	--	--	--

City	State	ZIP	Country			
------	-------	-----	---------	--	--	--

Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box → **DECLARATION****ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
<u>Oliver</u>		<u>Jaekel</u>						
Inventor's Signature							Date	<u>10/31/01</u>
Residence: City	<u>Darmstadt</u>	<u>DEX</u>	State		Country	<u>Germany</u>	Citizenship	<u>German</u>
Post Office Address	<u>Planckstr. 1,</u>							
Post Office Address	<u>D-64291 Darmstadt, Germany</u>							
City		State		ZIP		Country		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
<u>Peter</u>		<u>Heeg</u>						
Inventor's Signature							Date	<u>10/31/01</u>
Residence: City	<u>Darmstadt</u>	<u>DEX</u>	State		Country	<u>Germany</u>	Citizenship	<u>German</u>
Post Office Address	<u>Planckstr. 1,</u>							
Post Office Address	<u>D-64291 Darmstadt, Germany</u>							
City		State		ZIP		Country		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])		Family Name or Surname						
<u>Christian</u>		<u>Karger</u>						
Inventor's Signature							Date	<u>10/31/01</u>
Residence: City	<u>Darmstadt</u>	<u>DEX</u>	State		Country	<u>Germany</u>	Citizenship	<u>German</u>
Post Office Address	<u>Planckstr. 1,</u>							
Post Office Address	<u>D-64291 Darmstadt, Germany</u>							
City		State		ZIP		Country		

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.